Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

					-			<u>l</u> _			.	
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY TYPE			OR	OTHER SMALL			
TOTAL CLAIMS							Γ	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			#6 minus 20=		. 26			X\$ 9=		OR	X\$18=	468,00
INE	DEPENDENT C	LAIMS	/2 minus 3 =		. 9			X40=	·	OR	X80=	720,00
ML	JLTIPLE DEPEN	RESENT					+135=		OR	+270=	7.00 ; 1.	
* If the difference in column 1 is less than zero, enter "0" in column 2						L	TOTAL		OR		1,898,	
CLAIMS AS AMENDED - PART II									JOIT	OTHER		
(Column 1) (Column 2) (Co					(Column 3)	_ :	SMALL E	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	***	HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total .	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* ENTATION OF MI	Minus	***	CL AINA	=		X40=		OR	X80=	= ×-/
<u> </u>	TINOT PHESE	INTATION OF IN	JLIIPLE DEI	PENDENT	CLAIM			+135=		OR	+270=	
								TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)	70	.O			ADDII. 1 EE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	-,	=		X\$ 9=		OR	X\$18=	
	Independent	TATION OF MU	Minus	***	CLAIM	=		X40=		OR	X80=	
	THOTTRESE	MATION OF MC	DETIFIEDE	CINDEINI	CLAIN			+135=		OR	+270=	
		•					AD.	TOTAL DIT. FEE	_	OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colun		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus .	**		=		X\$ 9=		OR	X\$18=	7A
	Independent	* NTATION OF MU	Minus	***	CLAINA	<u> </u>		X40=		OR	X80=	
	·······································	TATION OF MIC	CHIFLE DEF	LINDEINT	CLAIN		-	-135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	
·	

Total Fee Calculation

·	Fee Code	Total # Claims	Number Extra	x	Fee	Fee = To
	Sm./Lg.			٠	Sm. Entity	Lg. Entity
Basic Filing Fee	201/101					710.00 - 710.00
Total Claims >20	203/103	46 -20 =	26	x		- 468.00
Independent Claims >3	202/102	12 -3=	9	x	1	= 720,00
Mult. Dep Claim Present	204/104					
Surcharge	205/105					= <u>130</u>
English Translation	139		•			
70						 .
TOTAL FEE CALCULA	ATION					2,028

Fees due upon filing the application:

Total Filing Fees Due =

Less Filing Fees Submitted

BALANCE DUE

=\$ 130,00

Office of Initial Patent Examination